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er it gar.	NATIONAL STATE	1754-11-119	The Last Access
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			Inspelle of the
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VS A15 (4) 15M 9/55

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		11835		CERTIFIC	CATE	OF DEA	TH		Reg. Dist. No.	[1010
1	1. PLACE OF DEATH o. COUNTY				11 0	UAL RESIDENCE	(Where decease		an: Residence befor	e admission)
1		omerset		MARYLAN	0	Mary	rland	b. COUNTY	Somers	et
	b. CITY OR TOWN RURAL and give	(If outside carparate lim	its, write	E. LENGTH OF STAY IN 1	b ç.	CITY OR TOWN	(If outside carpo	prote limits, write R	URAL and give near	rest town)
	Rural -			47 years	X	Rura	al - Re	chobeth		
9	d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspital, ( N	give street ac	ldress)	/ d.	STREET ADDRESS	S			ON A FARM? YES NO
	3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mon	th Day	
	(Type or print)	RON	Œ			ADAMS	DEATH	Octobe	r 13	1959
	5. SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MARRIED	8. DATI	OF BIRTH		9. AGE (In years		
	Male	White	WIDOWED	_	Ja		1873	last birthday) 86 yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATION of wing most of wing	TION (Give kind of work orking life, even if retired	dane 10b. K	IND OF BUSINESS OR IN	DUSTRY 11	. BIRTHPLACE (SI	tate or fareign c	auntry)	12. CITIZEN OF	WHAT COUNTRY?
	Farmer			Farming		Me	aryland		USA	
1	13. FATHER'S NAME				14. /	NOTHER'S MAIDE	N NAME			
	Richard	d C. Adams	3			Su	isan Be	ale		
/	15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO. 1	7. INFORM	ANT		Addi	ress	
	no	(ii yaz gire na ci cana ai	a vice	none	Mrs	Ida B.	Adams.	Rural	Rehobet	h, Md.
	18. CAUSE OF D	EATH [Enter only one co	use per line	for (a), (b), and (c).]					INTE	RVAL BETWEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	. (	bronic	- 0	moe	all	tra	ONS	ET AND DEATH
	422.1	DUE TO		1		, A	1			4
	Conditions, if	ony, which ) (t	, (de	rlerio.	200	evos	1		1	stons
	gove rise to cause (o), statin	immediate (		10.0						A
	lying couse los		100	enilit	4				/-	5 yes
	PART II. C	THER SIGNIFICANT CON	DITIONS CO	NTREUTING TO DEATH	BUT NOT RE	LATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART I(o) 19	. WAS AUTOPSY
	PART II. C	Curomo	Un.	the land	2/ a	all a	sea.	John a	nemia	YES NO
	20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYING   IG   CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OCCU	RRED. (Ente	nature of injury	in Port I or Par	t II of item )8.)		
		TY MEDICAL EXAMINER)	0							
	Z 20c. TIME OF INJ			URY OCCURRED 20e.	PLACE OF	INJURY (Hame, I	farm, 20f. (City	or town)	(County)	(Stole)
	Hour a. p. m	10	While of work	Not while of work	raciary, sr	eet, office bldg.,	etc.)			
	21. I certify	that Lattended the	deceased	from Date 1	A /	19 Va 100	on X	13 10 1	Tehat I last ca	w the deceased
	alive on 12	CX 173	10	1_, and that de	X Z	red at 5 A	A Au Gran	/		e stated above.
		101		, des mor de	0000	Ted die 2 P		Ireet, city or town,		DATE SIGNED
	ACTUAL	Wor	and.	2	44.5	PINI	Dacc	ANNO	MN	1011510
,	SIGNATURE	7 2 1		1 44	M.D	-1-4-4-1-7	a bearing.	1111	-f-1-1-1	1-11-3/5
	PHYSICIAN'S NAME (Type)	H.C.L	ew	15,M.		YIX	less	HXN	e Mo	7.
	220. BURIAL, CREMAT	ION, 226. DATE THEREC	OF	22c. NAME OF CEMETER	0000	XXXX	22d. LOCA	TION (City, town, o	or county)	(State)
	Burial	" 10-15-1	59	Rehobeth 1	Bapti	st		beth.		Marvland
	23. FUNERAL DIRECTO	R'S SIGNATURE	J	ADDRESS		24a. R	EC'D BY REGIST		TRAR'S SIGNATUR	
	Henry	Melalso	VE	Pocomoke C	ity,	Md . DATE	OCT 19	59 a	rilun S. Kras	u.A

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MARYEAND SYRTE DEPARTMENT OF HEALTH-BAND STAYS OMASYRAM

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	TO FUNERAL DIRECTOR: After this certificate has been signed by
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VS A1S (4) 1SM 9/SB

	11828	CERTIFI	CATE OF DEATH	Reg. Dist. No.
o. COUNTY	Somerset	MARYLA	2. USUAL RESIDENCE (Where deceased lived. If ins a. STATE b. COU	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, wr earest town) Crisfield	ite c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outside corporate limits, we	rite RURAL and give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	Calvary Rd.	reet address)	d. STREET ADDRESS  Calvary Rd.	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First HORA CE	Middle WILMER	DAMERON, SR. DATE OF DEATH OCT	Month Day Year
S. SEX		MARRIED NEVER MARRIED OWED DIVORCED	last birthd	ears IF UNDER 1 YEAR IF UNDER 24 Hours Min
0o. USUAL OCCUPATIOn during most of world Seafood	king life, even if retired)	Oyster & Cra	b Maryland	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAME	Ferdinand Day	meron	14. MOTHER'S MAIDEN NAME  Addie F. Sterling	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Mrs. Delores Wilson, Locust	Address St., Crisfield, N
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(Oronar	y Thrombosia	15 lu
420.1 Conditions, if a gave rise to i couse (o), stating lying cause last.	ny, which mmediate the under:	OTOMAN	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(0) 19. WAS AUTOP PERFORMED?
Conditions, if a gave rise to i couse (o), stoting lying cause last.  PART II. OTHER CONTRIBUTING	DUE TO  ny, which mediate the under (c) HER SIGNIFICANT CONDITIO			PERFORMED? YES NO
Conditions, if a gave rise to i couse (o), stoting lying cause last.  Part II. OTH	IMMEDIATE CAUSE (a)  DUE TO  ny, which the under.  HER SIGNIFICANT CONDITION  AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 20	DESCRIBE HOW INJURY OCCU  Dd. INJURY OCCURRED 20  /hile Not while work at work	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  JRRED. (Enter nature of injury in Part I or Part II af item 18  e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)	N GIVEN IN PART I(a) 19. WAS AUTOP PERFORMED YES NO (County) (Ste
Conditions, if a gave rise to i couse (o), stoting lying cause last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR Hour a.m. p. m.  21. I certify the alive an Control of the c	IMMEDIATE CAUSE (a) DUE TO  ny, which mediate the under.  HER SIGNIFICANT CONDITION  AS UNDERLYING   20b. CAUSE OF DEATH MEDICAL EXAMINER)  If Month, Day, Year 20 at 19 at 1 attended the decent and the condition of the conditio	DESCRIBE HOW INJURY OCCURRED  Od. INJURY OCCURRED  A thile Not while twork at work to the	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  JRRED. (Enter nature of injury in Part I or Part II af item 18  PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)  24., 1954, ta COLL 24., 19  eath accurred at 5.0 M, fram the cause:  ADDRESS (Street, city or town)	(County) (State and an the date stated about the stated a
Conditions, if a gave rise to i couse (o), stoting lying cause last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Haur a. m., p. m.  21. I certify the alive an CIDENT CONTRIBUTINE PHYSICIAN'S NAME (Type)	DUE TO  ny, which mediate the under (b)  HER SIGNIFICANT CONDITIO  AS UNDERLYING (c)  CAUSE OF DEATH MEDICAL EXAMINER)  TY Month, Day, Year 20 word of the decorate of the dec	DESCRIBE HOW INJURY OCCURRED 20 Od. INJURY OCCURRED 7 In work of work 1 In the work 1	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  JRRED. (Enter nature of injury in Part I or Part II af item 18  e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)  24, 1954, ta 024, 19  eath accurred at 532 M, fram the causes  ADDRESS (Street, city or town)  M.D. Crisfield, Md.  RY OR CREMATORY  22d. LOCATION (City, to	(County)  (Steel County)  (County)  (Steel County)  (Steel Cou
Conditions, if a gave rise ta i couse (o), stoting lying cause last.  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR Haur a.m. p. m.  21. I certify the alive an ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	IMMEDIATE CAUSE (a) DUE TO  ny, which mediate the under.  AS UNDERLYING DECAUSE OF DEATH MEDICAL EXAMINER  TY Month, Day, Year 20, 19  and I attended the decay of the complete of the complet	DESCRIBE HOW INJURY OCCURRED 20 Od. INJURY OCCURRED 7 In work of work 1 In the work 1	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION  JRRED. (Enter nature of injury in Part I or Part II af item 18  e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)  24, 1954, ta Oct 24, 19  eath accurred at 5, M, fram the causes ADDRESS (Street, city or town)  M.D. Crisfield, Md.  RY OR CREMATORY  Cemetery  22d. LOCATION (City, to Crisfield,	(County) (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending	page 3 should be detached far use as the burial-transit permit. Then please r
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director			PLACE OF DEATH	MERSET	MARYL	II o STATE	MAR YLAND		Residence befor	
funeral			RURAL ond give ne	SFIELD	87 YRS		TOWN (If outside corpo		AL ond give nea	rest town)
by the	079	E	d. NAME OF HOSPITA	MCCREADY M	EMO.HOSP.	d. STREET	ADDRESS 311 MYRTI	E STREE		ON A FARM? YES NO
illed in			NAME OF DECEASED (Type or print)	SUE First	Middle Ida	_	ANS 4. DATE OF DEATH	OCTOBER	2	7 Year 19 59
d withir oletely f rs. Pag		5. 1	FEMALE	1.7TTTT	ARRIED NEVER MARRIED	7/	0 4070		UNDER 1 YEAR Months Days	Hours Min.
execute id comp n poper		100	. USUAL OCCUPATIO during most of work HOUSEWI	N (Give kind of work done ) ng life, even if retired) FE	Ob. KIND OF BUSINESS OR Own home		PLACE (State or foreign of MAR YLAND)	ountry)	U.S.	WHAT COUNTRY?
be e		13.	FATHER'S NAME			14. MOTHER	S MAIDEN NAME		701 15	17-2-
ician ician se ca	7		I	lenry Hardeste	r	Alic	ce Lowe			
ng physici e remave			WAS DECEASED EVER	IN U. S. ARMED FORCES? f yes, give wor or dates of service) None	16. SOCIAL SECURITY NO.	GLENWOO	D EVANS,	Address CR IS	FIELD	, MD.
attendi			Control of the Contro	TH [Enter only one couse per H WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), ond (c).]	atie the	+ Die			RVAL BETWEEN ET AND DEATH
bat the	D 20 20		4200	DUE TO		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			10	
gned k			Conditions, if or gove rise to in couse (o), stoting t	mediate	he cond		- \ ( =	. \	10	3
shysicion shysicion ss been s al-transit		CATION	PART II. OTH	) (c) ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEAT	H BUT NOT RUATED T	O THE TERMINAL DISEAS	E CONDITION GIVEN	IN PART 1(o) 19	9. WAS AUTOPSY PERFORMED? YES NO
AN: The	5	CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	CURRED. (Enter noture	of injury in Port I or Por	t II of item 1B.)		100
PHYSICI al ar other his certifi use as	CO C	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Wh		0e. PLACE OF INJURY foctory, street, offi	(Home, farm, 20f. (City ce bldg., etc.)	or town)	(County)	(Stote)
ENDING ne hospite R: After t ached far	10000		21. I certify the	at I attended the dece			M, from	the causes and	an the date	stated above.
IRECTO			ACTUAL SIGNATURE	Sand m	Perfon	M.D <i>CI</i>	ADDRESS (S	treet, city or town, sto	ote)	A SA JAS
retain RAL D should			PHYSICIAN'S (NAME (Type)	SARAH M. PI	ETTON, M.D	., CH	RISFIELD,	MAR YLA	ND	
moy be r FUNER poge 3 s	U C	220	BURIAL, CREMATION REMOVAL (Specify)	Oct 30, 1959	22c. NAME OF CEMET Sunnyridge	ery or crematory Cemetery		TION (City, town, or castield, Md.	,,	(Stote)
5 5 0 0	0	23.	FUNERAL DIRECTOR'S		ADDRESS		24a. REC'D BY REGIST	100	AR'S SIGNATUR	
VS A15 (4) 15M 9/58	A.		Bradshaw &	Sons, Crisfi	eld, Md.		DATE NOV 2	'59 a	Thun S. K.	and
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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THE STATE OF THE BOOK OF THE PARTY.			
	CASE OF PE		a a g
THE PERSON NAMED IN COURSE			Transport [Bir]
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English Estate Strate			Turkstant in the
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o. STATE

arvland

MARYLAND

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Somerset

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1. PLACE OF DEATH

Somerset

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

o. COUNTY

death. Poge 4

he hospital ar attending physician.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL OR

VS A

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		IO Years	Oriole			
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, give DN		d. STREET AD	DRESS		e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print)	Ernest	Middle Sidnev	Fields	4. DATE OF DEATH	Month	Day Yeor 29 19 59
s. sex Male		The state of the s		lost	birthdoy) Months	Doys Hours Min.
100. USUAL OCCUP during most of Labor	ATION (Give kind of work do working life, even if retired)	ne 10b. KIND OF BUSINESS OR Self Emplo	yed Mary	CE (Stole or foreign country)		TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joshu						
15. WAS DECEASED (Yes, no, or unknown)		(a)	I7. INFORMANT I Robert I	Fields,Sali	Address sbury, Ma	ryland
PART I. 151 X Conditions, i	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO if ony, which ) (b)	Carcinoma		n with gener	ralized	interval between onset and death 377&8 mo
Couse (o), stoft lying couse (c)  PART II.	ost. DUE TO  OTHER SIGNIFICANT CONDI					IT I(o) 19. WAS AUTOPSY PERFORMED? YES NEE
U (IF EITHER, NOT	IJURY Month, Day, Year m.		Oe. PLACE OF INJURY (He	ome, form, 20f. (City or tow		County) (Slote)
	that I attended the d	leceased fram. 2=10. , 19, and that c	M.D. Dames	3p_M, from the ADDRESS (Street, ci	causes and on t ty or lown, stote)	
220. BURIAL, CREMA REMOVAL (Spec Burial	TION, 226. DATE THEREOF	22c. NAME OF CEMET St Paul	ERY OR CREMATORY	Mt Ver	non Mar	(Stote) yland
				211221 - 1000	Art	& Kraud
	OR INSTITUTION  3. NAME OF DECEASED (Type or print)  5. SEX  Male  10o. USUAL OCCUP during most of La DOY  13. FATHER'S NAME  JOSHU  18. CAUSE OF PART 1.  / SIX  Conditions, gove rise is couse (o), story lying couse if lying couse (o), story lying couse if couse (o), story lying couse if ly	OR INSTITUTION  3. NAME OF DECEASED (Type or print) Ended  S. SEX 6. COLOR OR RACE 7  Male COlored V  100. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)  13. FATHER'S NAME  JOSHUA Fields  15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dote of serv IMMEDIATE CAUSE (o).  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).  PART 11. OTHER SIGNIFICANT CONDITION (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year Hour o. m.  p. m.  21. I certify that I attended the dalive an 10-29-59  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) EVER ETC.  220. BURIAL, CREMATION, REMOVAL (Specify) BUT 1 21 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1	OR INSTITUTION  3. NAME OF DECEASED (Type or print) ETNEST Sidney  5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED COLORED WIDOWED DIVORCED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME JOSHUR Fields  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 220-03-627  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma Due to metastasis  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of wo	3. NAME OF DECEASED FINAL STATE OF STAT	OR INSTITUTION  3. NAME OF DECEASED (Type or print) ETHEST Sidney Fields PATH  S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED DIVORCED 7. MARRIED 8. DATE OF BIRTH 9. AGE 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (STOLE OR BIRTHPLACE (STOLE OR BIRTHPLACE (STOLE OR BIRTHPLACE	OR INSTITUTION  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  Male  Colored Widowed   Divorced   7, 17/1913   9. AGE (In year)   Month of the print of

Reg. Dist. No.

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as was also program for a $Q = \sqrt{2}$ . Let up a $Q = \sqrt{2}$ . The same of a $Q = \sqrt{2}$ .	- Ni Maria Amerika Maria Amerika	Of the second se	The state of the s

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11990 TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained, the haspital or attending physician. TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

0	CEDTIEICAT	E OF DEATH

11043	SERVING.		Reg. I	Dist. No.
I. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decea	L COUNTY	Name of the latest the
JOMERSE!	MARYLAND	MARYLAND	0.000	MERSEL
b. CITY OR TOWN (If outside corporate limits, write BURAL on give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porote limits, write RURAL on	d give nearest town)
CRISTIELD	424EARS	139 CRISFIE	44	
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION HIS HE	ME	SOMERSET	AVENUE	YES NO
NAME OF DECEASED (Type or print) CHARLES	J. Middle	HICKEY 4. DATE OF DEAT	60-	Day Year 26 1959
10 - 1 m 1 m - 1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  SEC. 8-1879	9. AGE (In years left UND lost birthdoy) Wonths	ER I YEAR IF UNDER 24 HR.  Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign	country) 12. (	TIZEN OF WHAT COUNT
RETIBEO	RESTAURANT	CORK- IRE	LAND	21. S.A.
. FATHER'S NAME	1.	14. MOTHER'S MAIDEN NAME	7	7
MICHAEL H	IEKEY	MARY -	DREW.	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. Yes, no, or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
1//0				
18. CAUSE OF DEATH [Enter only one couse per	A A	2 +4 2		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebra	l Thromboni		1-2 wh
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Conditions if you which \	Gent ar	Cerio relar osi	2.	Mrs.
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	CONTRIBUTING TO DEATH BUT	T NOT BELATED TO THE TERMINAL DICE	ACC CONDITION CIVEN IN B	DE WAS AUTORS
FART II. OTHER SIGNIFICANT CONDITION.	CONTRIBUTING TO DEATH BU	I NOT RECATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PA	PERFORMED?
				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Port I or P	ort II of item TB.)	
Hour o. m. Whi		ACE OF INJURY IHome, form, 20f. (Coctory, street, office bldg., etc.)	ity or town)	(County) (State
21. I certify that Lottended the deced	osed from _ Branch	27, 1959, 10 QAF	26 10.59 that	last saw the decea
alive on Charle 26 19	59 , and that death			and a later of the same of
diffe on	, and mai dean		om the causes and on (Street, city or town, state)	DATE SIGN
ACTUAL CONT	0 -	1 . 0:	(Silver, City of Town, Store)	Q + 10
ACTUAL SIGNATURE	Ley	M.D. Muffe	la Mo	UCT. 01,1
PHYSICIAN'S NAME (Type)				
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY	DR CREMATORY 22d. LOC	ATION (City, town, or county	(Stote)
BEMOVAL (Specify) VOCT 29-1954	PARK WOOL	1 /2	ALTIMORE	MA
3. FUNERADDIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REG		
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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	11000	GERRIII 107		Reg. Dist. I	No.
	1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceased line). STATE Maryland	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Princess Anne	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporet		nearest town)
	d. NAME OF HOSPITAL (If not in hospitat, give street OR INSTITUTION	address)	d. STREET ADDRESS		e. IS RESTDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) First		Lost 4. DATE OF DEATH	October 7	Day Year 1959
	s. sex 6. COLOR OR RACE 7. MAR WIDOW	ED DIVORCED	June 5, 1871	88 yrs. Months Doy	
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Insurance Agent	KIND OF BUSINESS OR INDUS	Maryland		S.
	TS. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Lybran Horner  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, no, or unknown) (If yes, give war or dates of service)  no		Francis Webst WFORMANT lith Horner, R.F.	Address	Anne
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost.  (c)	ine for (o), (b), ond (c).] abdominal no	plasm		NTERVAL BETWEEN NSET AND DEATH  1 TOOR
)	PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH		NOT RELATED TO THE TERMINAL DISEASE Co. (Enter noture of injury in Port I or Port II		19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW HAJORI OCCURRED	. (Liner horote of migray in Post 1 or Post in	or item ve.,	
	20c. TIME OF INJURY Month, Doy, Year 20d. Hour o. m. While of wo	Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	r town) (Coun	ity) (Stote
,	220. BURIAL, CREMATION, 22b. DATE THEREOF	c. SutterMD	M.D. Dames Quarter R CREMATORY 22d. LOCATIO	e causes and an the det, city or town, stote)  Md 10 x	ate stated abave
	burial 10/9/59  23. FUNERAL DIRECTOR'S SIGNATURE	Asbury Ceme	24g. REC'D BY REGISTRA	Vernon, Md.	TURE
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# FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11818 Rea. Dist. No

	PLACE OF DEATH	merset		MARYLAND	2. USUAL RESIDENCE ( o. STATE Mary	Where decession	ed lived. If institu b. COUNT	w .	erset	nissian)
Ь	and give hearest fown)	outside corporate limits, write incess Anne		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		porate limits, write e - Rural	RURAL and	give nearest to	own)
c	I. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hosp	lital, give street address)	d. STREET ADDRESS		3 1001 023	. 10000	e. IS ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Fin Phy	rlis	Middle Charmaine	Jackson	4. DATE OF DEATH	Month October			Year 19 59
5. \$	Female	6. COLOR OR RACE Col.	7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	48	9. AGE (in years last birthday) yrs.		YEAR IF UNI	Min.
10a	. USUAL OCCUPATIO luring most of working Sche	N (Give kind of work of life, even if retired) OOL Child	lane 10b. Ki	ND OF BUSINESS OR INDUST	Princess	or foreign of Anne, I	ountry) Maryland		S.A.	COUNTRY?
13.	FATHER'S NAME Walte	er Oatis Ja	ackson		14. MOTHER'S MAIDEN Agnes Wil					
15. (Yes.	WAS DECEASED EVE	R IN U. S. ARMED FOI (It yes, give war ar dates of	RCES? 16. S		rroll Jacks	on - Pr	Address incess A	nne. M	larvlan	d
	FART I, DEATI	H [Enter only one county one coun							insta	1997 HTA
1	Conditions, if on gave rise to immedition, stating the uncause last.	nderlying DUE TO		utomobile Acci						
CERTIFICATION				NTRIBUTING TO DEATH BUT N				EN IN PART	I(a) I9. WAS PERFO YES	AUTOPSY DRMED? NO K
	200. EXTERNAL CAUPRIMARY DO CON CAUSE OF DEATH.	SE WAS TRIBUTING   200		HOW INJURY OCCURRED. (E				on 363	3	
MEDICAL	10:20p. m.	Month, Day, Year Det. 23, 195	O While	Not while of Hove	ary, street, office bldg., etc	c.)	or town) ncess Ann	(Coun	**	(State) Md.
				emains described abo	n mr 00		-			nd in my
	ACTUAL SIGNATURE	Colfrh		n Accident	_M.D. CHIEF MEDICAL E	EXAMINER [		mined m	My. O	SIGNED
		H. Johnson			DEPUTY MEDICAL	EXAMINER [	JK			
B	BURIAL, CREMATION REMOVAL (Specify) Urial FUNERAL DIRECTOR'S	10/28/59		John Wesley Co	emetery		ncess Ann	2.4		(a)
11	Villeau	uff des	ues f	Turkeso	Dave MARK		8 '59		2 to	4

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Somerset Marvland Somerset MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Crisfield RFD. Crisfield Hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Edward W. McCready Mem. Hospital Hopewell YES IN NO 3. NAME OF 4. DATE JONES. JR. ARTHUR October 59 (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Hours Male Negro WIDOWED | Apr. 12, 1924 DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Concrete Vault Maryland USA Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arthur Jones. Sr. Ola Ward 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No No Mrs. Getter V. Jones, Hopewell, Crisfield, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Shock: crushed chest IMMEDIATE CAUSE (o) DUE TO Automobile accident: ran into rear end of Conditions, if ony, which gove fise to immediate cause parked car. (o), stoting the underlying Attended in hospital by Dr. Robert Ireland. couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? NO DE

200. EXTERNAL CAUSE WAS
PRIMARY LO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

Chest crushed from impact at time of collision Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town)

(County) \_ foctory, street, office bldg., etc.) While Crisfield, Somerset, Md. of work of work 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection fc, Inquiry fc,

and in my opinian death resulted from: Natural causes . Accident X, Suicide . Hamicide . Undetermined manner

Couldourn M. D., CHIEF MEDICAL EXAMINER [ ACTUAL DATE SIGNED SIGNATURE

ASSISTANT MEDICAL EXAMINER **EXAMINER'S** William H. Coulbourn, M. D. DEPUTY MEDICAL EXAMINER PA NAME (Type)

220. BURIAL, CREMATION, 122b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Oct. 28, 1959 Hopewell Cemetery RFD. Crisfield. Md.

(Stole)

23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OCT 3 0 '59 Bradshaw & Sons, Crisfield, Md. Cathun & Hans

THE OWNER OF THE PARTY OF THE OWNER OF 611 8 14 900 B ARAMORAL OF THE CONTROL ORSO, DESIGNATED BY SECTION AND THE SECTION OF THE SECTIO Sand beneat o : index To has seen son! her street book at Arentu re or brashed to desired by the thread at bonnett. molecular to easier the storage is regulation areas about 100-10 x 100-100 ft excit Drightold, Lowerest, 14. The property of the property of the analysis that an experience is the property of the first of the property o Seminary management of the providence of any the seminary of t medel et al. al. al. 1953 nocessall concessos les, seta telán Mil Bening take a west for

TO HOSPITAL OR may be retained TO FUNERAL DIR

VS A15 (4) 15M 9/5S

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11830 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1.	PLACE OF DEATH ONERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTS)	ce before admission)
	b CTY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  SELELB	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give streef oddress) OR INSTITUTION AT HOME	d. STREET ADDRESS ALVAKY SECTION	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) AWRENCE AMIDDE	LOS SON 4. DATE OF Month	Day Year 23 19 59
5.	male white WIDOWED   DIVORCED	Aug. 25 / 885 lost frethdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100	Juring post of working life, even if retired & a/600	TRY 11 PROPHERACE (State or foreign country) 12. CIT	JEN OF WHAT COUNTRY?
心S	IDNEY BATES LAWSON	14. MOTHER'S MAIDEN NAME STERLING	
15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. In	loya Lawson Cristel	A. My
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Thromboses	INTERVAL BETWEEN ONSET AND DEATH
	Conditions if one which )		J
	gove rise to immediate code (a), stating the under-		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	The second
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while of work 10 to work 10	CE OF INJURY (Home, form, 20f. (City or town) (1 tory, street, office bldg., etc.)	County) (State)
	21. I certify that I attended the deceased from 5. 15	occurred at 3.31. M, from the causes and an ti	last saw the deceased
	ACTUAL & A &	ADDRESS (Street, city or town, stote)	DATE SIGNED  Of, 24/7;
	PHYSICIAN'S SARAH M. PEYTON	Cripoel me	
220	REMOVAL (Specify) OEF 25-1959 (22c, NAME OF CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY OF	EXEMPTORY 22d. LOCATION (City, town, or county)	Test (Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR LAB. REGISTRAR'S SIG	SNATURE

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the same of the same of the same of	

William Travis Tawes Laura Evans 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give war or a None Mrs. Wm. R. Wooster, Jacksonville, Crisfield, Md No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

lying couse lost

CATION

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work p. m

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

19 1 9 to

20f. (City or town)

(County) (Stote)

and that death accurred at 7: 15 PM, from the causes and an the date stated above. alive an ACTUAL SIGNATURE

21. I certify that I attended the deceased fram. a.d.

ADDRESS (Street, city or town, stote)

DATE SIGNED

(Stote)

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF Oct 7, 1959

Sarah M. Peyton, M. D.

22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery

22d. LOCATION (City, town, ar county)

Crisfield, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION.

ADDRESS Bradshaw & Sons, Crisfield, Maryland 240. REC'D BY REGISTRAR

aut. 4

Crisfield, Maryland

24b. REGISTRAR'S SIGNATURE Claims & thous

19.5 That I last saw the deceased

Rea. Dist. No.

Month

Months

Somerset

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

Dovs

USA

YES NO DE

Yeor

1959

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of	res that	the death	certificate b	executed w	ithin 24	haurs	afr eat	h. Pc
the haspital ar attending physician.							)	
<b>DR</b> : After this certificate has been signed by the attending physician and campletely filled in by the funeral dira	ed by th	ne attendir	g physician	and camplet	aly filled	in by	the funero	l dire
stached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fil <u>g</u> d	ermit. T	hen please	remave cark	son papers.	Pages 1	and 2	should be	Filed
burial, crematian, ar remaval, and in any event within 72 haurs after death.	ony eve	ent within	72 hours afte	r death.				1

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prior

PUNERAL DIRECTOR: A page 3 shauld be detach

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VS A15 (4)

15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 11832 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Somerset Somerset MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Crisfield Lifetime Crisfield d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? S. Somerset Ave. S. Somerset Ave. YES NO NAME OF Middle Last 4. DATE Month Year DECEASED V. TAWES October 17, MARTAN 59 DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 85 yrs Days March 22, 1874 White Female WIDOWED T DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home Maryland USA Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Matthews Charles Matthews 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Wm. T. Sterling, Crisfield, Md. None No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate DUF TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IN 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B. 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) While Nat while at wark at wark \_, 19\_7 hat I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 2: OM, from the causes and on the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Crisfield, Md. Sarah M. Peyton, M. D. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Oct. 19, 1959 St. Paul's Cemetery Marion Station, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Bradshaw & Sons, Crisfield, Md. DATE OCT 2 2 '59 Cithung & Krays

MARIE STARTED SERVICE design of the second se market and f. sourceat Live. The middle of the same of the 25. 25. 1874 | Section | Central 25. 1874 | established C average to the second of the Men. Of the Company States and Man. 하는데 가는 그들은 이 사식 없는 것 같습니다. Ling C. H. Co. Sci. Styles (Management and Association). [12] 그는 티를 그리면 그렇게 되었다면 다른 사람들은 사람들이 모르게 되었다. All the same of the control of the same of A field goodings often gustered a Lord In Service Station . Letter AN INDICATE AND A MONAGED

# FOR STATE HEALTH DEPT ary, please or. Page or. Page our files.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11824

Don Diet No

+									Key. Dis	1. 140.	
	a. COUNTY SO	merset		MARYLAN	13	o. STATE Maryla		ed lived. If institu b. COUNT			odmission)
	b. CITY OR TOWN I		• RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (I	f outside corp itland	porote limits, write	RURAL and	give neor	est town)
	d. NAME OF HOSPI	TAL OR INSTITUTION (	tf not in ho	spitat, give street address)		d. STREET ADDRESS					ON A FARM?
	3. NAME OF DECEASED (Type or print)	Fir Ar	cell	Middle	F	los: Caylor	4. DATE OF DEATH	Month		Doy	Yeor 19 59
	5. SEX Male	6. COLOR OF RACE Colored	7. MARRI WIDOWE	D NEVER MARRIED	1	ne 24,1915		9. AGE  In years   has birthday)   yrs.	IF UNDER 1	YEAR IF	UNDER 24 HRS.
	100. USUAL OCCUPATI during most of worki Labor 13. FATHER'S NAME	ON (Give kind of working life, even if retired)		kind of Business or Indi lany Canning	Co.	Georgia  MOTHER'S MAIDEN I				EN OF V	VHAT COUNTRY?
1	Le	wis Thomas	Taylo	r		Queen Jenl					
	15. WAS DECEASED EV	VER IN U. S. ARMED FO [If yes, give wor or dotes of	RCES? 16.		ewis	MANT Thomas- I	Rt.2 -	Address Bridgeto	n, Nev	w Je:	rsey
	Conditions, if a gove rise to imme (o), stoting the couse lost.	diote couse		shot wound of	hea	ad					tant
	<u> </u>			ONTRIBUTING TO DEATH BU					EN IN PART	, ,	WAS AUTOPSY PERFORMED?
- 1		INTRIBUTING []	b. DESCRIB	IE HOW INJURY OCCURRED.	. (Enter	noture of injury in Par	rt I or Port II	of item 18.)			
	20c. TIME OF INJU		White	t.		F INJURY (Home, forn treet, office bldg., etc		or town)	(Coun	ty)	(Stote)
				remains described al causes [], Accident		Suicide	Hamicide	x, Undete	' '	-	and in my
	SIGNATURE_/L	R. H. Johns	on, M	.D.	М.	D. CHIEF MEDICAL EX ASSISTANT MEDICAL DEPUTY MEDICAL	AL EXAMINE	_		10/:	10/59
	220. BURIAL, CREMATIC REMOVAL (Specify Burial		)F	John Wesley	OR CRE	MATORY		TION (City, town, concess Ann		w] aı	(Stote)
	23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	-		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN		
	1/VXXXIII	att of the	LALL	ON BUBER	1 Che	DACT DACT	1 5 '59	1011	0 4		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nece execute the central properties of the ward "pending" in pending them. 18. Give Pages 1, 2, and 3 to the funeral described be followed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained followed to PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boog or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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INTERVAL BETWEEN ONSET AND DEATH shout CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) (County) (State) 19.2 That I last saw the deceased and that death occurred a 4:30P.M, from the causes and an the date stated above. Marion Station, Md. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Oct. 18.1959 St. Paul's Cemetery Marion Station. Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Bradshaw & Sons--Crisfield, Md. C. Thur S. Thank DATE OCT 2 2 '59

Somerset

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e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

USA

ON A FARM?

YES X NO

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11833

11826

	1100							Reg. Dist.	No.	
PLACE OF DEATH     COUNTY	Somerset		MARY	<b>LAND</b>	2. USUAL RESIDENCE o. STATE Mary	(Where decease	ed lived. If institution b. COUNTY	Some:		ission)
b. CITY OR TOWN (I RURAL ond give ne	f outside corporate limite corest town)  Crisfield	s, write	c. LENGTH OF STAY	IN 1b		(If outside corp	orate limits, write RL	JRAL and giv	re nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi		address)		d. STREET ADDRESS	s olling	St.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JENN		Middle NETTI		TURPIN	4. DATE OF DEATE	Mont October		Day 20	Year 19 5
5. SEX Female	6. COLOR OR RACE	7. MARR			Sept 12, 18	376	9. AGE (In yeors law birthday) yrs.	IF UNDER 1 Months D	YEAR IF UN	7
	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS C	OR INDUST	ry 11. BIRTHPLACE (S		country)	12. CITIZE	A OF WHA	COUNTR
13. FATHER'S NAME				100	14. MOTHER'S MAIDE	EN NAME				
Ha	rrison Ben	ston			Marr F	urnice				
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FORG (If yes, give wor or dates of sec None	rvice)	SOCIAL SECURITY NO 13-05-0103		formant ggie Water:	s, 3 Co.	Addr		field,	Md.
Canditions, if or gave rise to it cause (o), stoting lying cause lost.  PART II. OTH	mmediote (DUE TO	DITIONS C	CONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE TE	ERMINAL DISEA	se condition givi	EN IN PART	PERI	S AUTOPS FORMED?
O (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter nature of injury	in Port I or Pa	ort II of item 1B.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	r 20d. IN While at work	NJURY OCCURRED  Not while of wark	20e. PLA foct	CE OF INJURY (Home, ory, street, office bldg.,	form, 20f. (Ci	ty or town)	(Co	unty)	(Stot
alive an 10	at I attended the  COKC  C. G. Rawle	_, 19.5	Ley	death	1947 to accurred at 10 Cris	A.M. fram	the causes and Street, city or town,	d an the	date state	
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	Oct 25, 1		22c. NAME OF CEM				umsco, Md.		(S	tote)
23. FUNERAL DIRECTOR'	s signature	efie	ADDRESS		24a. F	OCT 26	STRAR 24b. REGIS	TRAR'S SIGN		1

TO HOSPITAL OF VS A15 (4) 15M 9/58

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VS A1S (4) 15M 9/58

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	11843		CERTIF	ICATE	OF DEA	ATH		Reg. Dist. N	11041
1. PLACE OF DEATH a. COUNTY SOM	ER SE T		MARYLA		a. STATE	E (Where deceas	ed lived. If institution b. COUNTY	SOME!	
b. CITY OR TOWN (If a RURAL and give near CRISFIEL	est town)	write c. LE	NGTH OF STAY IN		777	(If autside carp	oorate limits, write RI	JRAL and give r	nearest tawn)
d. NAME OF HOSPITAL	(If not in hospital, give		:s)		d. STREET ADDRE	ss ral		- 6	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LE	'NA	Middle Maggie		TYLER	4. DATE OF DEATI	Mon H OCTOBE		Day Year 28 1959
FEMALE		IDOWED 🛧	DIVORCED	<sub>0</sub> 9-	TE OF BIRTH -29-185		69 birthday) yrs.	Manths Days	AR IF UNDER 24 HRS s Haurs Min.
10a. USUAL OCCUPATION during mast af warking HOUSEWIF	life, even if retired)		of Business or home	INDUSTRY	20	State ar foreign			OF WHAT COUNTRY $U.S.A.$
7	Franklin MYERS N	ersh		14	. MOTHER'S MAIL	RACHE	L SMIT	H	
1S. WAS DECEASED EVER II (Yes, no. or unknown) No	N U. S. ARMED FORCE es, give wor or dates of service None	S? 16. SOCIA	L SECURITY NO.	Noi		er - T	YLER TON		YLAND
PART I. DEATH	[Enter only one couse WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO	per line for	(a), (b), and (c).]	20	art			0.0	NTERVAL BETWEEN NSET AND DEATH NEXT AND DEATH
Canditians, if any, gave rise to imm cause (a), stating the lying cause last.	rediate (	They	ocard	iles	Clira	TEDMINIAI DISEA	SE CONDITION CIV	ENI INI PART MA	yes -
N N	bremia							LIA IIA I AKT I(U)	PERFORMED? YES NO
200. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	JNDERLYING 20 CAUSE OF DEATH DICAL EXAMINER)	b. DESCRIBE I	HOW INJURY OCC	CURRED. (En	iter nature af inju	ry in Part I ar Po	art II af item 18.)		
Y 20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Year	20d. INJURY While It at wark C	Nat while	0e. PLACE ( factory,	OF INJURY (Hame street, affice bldg	, farm, 20f. (Ci ., etc.)	ty ar tawn)	(Caunt	(State
21. I certify that alive an Oct	1 attended the d	eceased fr 1959			curred at 2	T_M, fram	the causes an Street, city or town,	d an the da	aw the deceased ite stated abave DATE SIGNE
PHYSICIAN'S NAME (Type)	. G. RAW	LEY,	M.D.,	M.D.		FIELD		AND	or than 427-4276 fear seas time fear fear fear fear fear fear fear fea
22a. BURIAL, CREMATION, REMOVAL (Specify) BUTIA	22b. DATE THEREOF Oct 30, 19		NAME OF CEMETE				ATION (City, tawn, corton, Md.	or caunty)	(State)
23. FUNERAL DIRECTOR'S S	IGNATURE Crie		ADDRESS		24a.	MOVIO	STRAR 24b. REGIS	STRAR'S SIGNAT	

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CERTIFICATE OF DEATH

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OE	page 3 shauld be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 Maurs affect death.
VS	A15 (4)
15M	10/57

L	22023	Reg. Dis	t. No.
1.	PLACE OF DEATH ON THE RET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE OF STAT	e before admission
	b. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION THE HOSPITAL (IF not in hospital, give street oddress)	d. STREET ADDRESS NAIN ROAD	e. IS RESIDENCE ON A FARM? - YES NO
3.	NAME OF DECEASED (Type or print) RAMON HANNA	WEBSIER 4. DATE OF DEATH OFT.	16 1959
	SEX Marked 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	July 22 - 1888 last birthday) Months	TYEAR IF UNDER 24 HRS
10	o. USUAL OCCUPATION (Give kind of work done 10b. VIND OF BUSINESS OR INDO during may of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CILL	ZEN OF WHAT COUNTR
13	FATHERS MAME HIRAM WEBSIER	LOGISE WINDS	R
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	harlotte a esta the	none mi
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Acute pulmon	nary edema	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (o), stating the under-	cardiovascular disease	years
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Marked arteriosclerosis, gangr		I(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL		ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.) (City or town) (Co	ounty) (Stole
	21. I certify that I attended the deceased from 3-23-5 alive an 10-16-59, 19, and that death	occurred at 3PM M, from the causes and an the ADDRESS (Street, city or town, state)	
	SIGNATURE WESLES STULLE	M.D. Dames Quarter, Maryland	10-17-5
	PHYSICIAN'S Everett C.SutterMD		
	PRURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF ST. Pa 4	LS 22d. LOCATION (City, town, or county)	missore)
23	FUNDRAL DIRECTOR'S SIGNATURE ADDRESS	PECT 2 2 150	NATURE

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11846 CERTIFICATE OF DEATH

11830)
Reg. Dist. No.

	13040				Keg. Dist.	140.					
1. PLACE OF DEATH o. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived. If inst yland b. COU:	itution: Residence b	erset					
Bural ond give	(If autside carporate limits, write nearest town) Anne	c. LENGTH OF STAY IN 16 4 years		rincess Ann		nearest town)					
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospitol, give stre	eet oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARMS YES NO					
3. NAME OF DECEASED (Type or print)	<b>John</b>	Hugh	Wilson		Mapth CT.	29 Year 59					
5. SEX male	white wood	ARRIED NEVER MARRIED DIVORCED DIVORCED	March 20,		pors IF UNDER 1 YI Months Da yrs.	EAR IF UNDER 24 HRS bys Hours Min.					
Retrieved	ION (Give kind of work done 1	Oil refinery	Socus,	New York	12. CITIZE	OF WHAT COUNTRY					
13. FATHER'S NAME  Isaac	Wilson		14. MOTHER'S MAIDEN Harrie		k	0					
15. WAS DECEASED EN	/ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	nFORMANT s. Robert	Buller: Pri	ncess A	nne, Md.					
	EATH [Enter only one couse pe EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (a), (b), and (c).]	Failur	L		INTERVAL BETWEEN ONSET AND DEATH					
Canditions, if gove rise to couse (o), statin- lying cause lost	g the under-	thy perten Scherali	sion	rioscler	Dy	541.					
CATIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO [										
	20a. ACCIDENT WAS UNDERLYING										
Hour o. m	20c. TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while at work at wo										
21. I certify alive an	that I attended the dece		19.57, to 19.33	M, fram the causes ADDRESS (Street, city of to	and an the d	saw the deceased at the stated above					
PHYSICIAN'S NAME (Type)	B. FRANK	GIGAN	M.D. 1) (A)	Mari	Cond						
220. BURIAL, CREMATI REMOVAL (Specif DUTIAL		22c. NAME OF CEMETERY Asbury Cel		Mt. Verno		(Stote)					
28. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS Princess	anne. Md		REGISTRAR'S SIGN						

may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer debth.

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A1S (4) 15M 9/5B

death. Page 4

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